



CPD ENDORSEMENT 2023/2024 APPLICATION FORM

DATE APPLICATION SUBMITTED	
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APPLICANT DETAILS

ORGANISATION/APPLICANT			
CONTACT NAME			
ADDRESS			
	STATE		POSTCODE
BILLING ADDRESS			
	STATE		POSTCODE
PHONE			
EMAIL			
WEBSITE			

Is this a renewal of a previously expired ASMIRT CPD endorsement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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TYPE OF ENDORSEMENT

Please select one corresponding **Type of Endorsement**:

<input type="checkbox"/> AFFILIATE	ASMIRT State Branches and organisations that have preapproved association.
<input type="checkbox"/> CLINICAL	Public or private departments, clinics, or practices.
<input type="checkbox"/> CORPORATE	Private education providers, corporate organisations and/or original equipment manufacturers.

OPTIONS FOR APPROVAL

Please select one **Option for Approval**:

<input type="checkbox"/> SINGLE	Single event or Single Annual CPD program (In-service) – Used for single one-off event or a single CPD program that is run over a year. The CPD program is a recurring in-service/staff education CPD program. *Complete Part A. and Part C.
<input type="checkbox"/> MULTIPLE	Multiple CPD Activities – This option includes unlimited multiple CPD activities over a full year, which may include but is not limited to, a CPD program (in-service), journal clubs, seminars, workshops, user groups, multi-disciplinary meetings, applications training, within one Approved Application. *Complete Part B. and Part C.

ENDORSEMENT FEE (INC. GST)

Please select one of the following **Endorsement Fee**:

<input type="checkbox"/> AFFILIATE	ALL - Free
<input type="checkbox"/> CLINICAL	SINGLE - \$410 per financial year
<input type="checkbox"/> CLINICAL	MULTIPLE - \$737 per financial year
<input type="checkbox"/> CORPORATE	SINGLE - \$819 per financial year
<input type="checkbox"/> CORPORATE	MULTIPLE - \$1,558 per financial year



CPD Activity Outline

Organisation/ Applicant	Please enter name of organisation/applicant. If you currently hold CPD Endorsement simply enter your 6-letter endorsement code.
Name of Activity	Please enter the activity title.
Duration	Please indicate the expected duration of the planned activity in hours.
Number of Events	Please indicate how often the activity will be conducted. <input type="checkbox"/> Single Event <input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Monthly
Date of Activity	Please indicate the date/s of the activity
Aim	Please list the aim/s of the activity.
Learning Objectives An identifiable outcome of activity. Action-orientated terms focused on the participant. Measurable verb (e.g. describe, design, assess, apply, explain, analyse). Published on Certificate to assist with reflections.	Please list two or more learning objectives, in bullet point fashion. <u>At the completion of this activity the participant should be able to:</u>
Evaluation Method	Please provide a brief statement how the activity will be appraised and how feedback will be analysed (e.g., survey, discussion and recommendations with participants, independent evaluation).
Presenter's name and qualifications	Please attach the bio of the presenter engaged to deliver this activity.

Please use this form when providing the CPD Team details of additional activities to be included in a CPD Endorsement.

Registered Office:

Suite 1040-1044 (Level 10)
1 Queens Road
Melbourne Vic 3004
Australia

All Correspondence to:

P.O. Box 16234
Collins Street West Vic 8007
Australia

Contact us:

T +61 3 9419 3336
F +61 3 9416 0783
W www.asmirt.org

AREAS OF INTEREST

*Please select ALL that apply to your application.

Areas of Interest

- | | | |
|---|---|---|
| <input type="checkbox"/> 3D Printing | <input type="checkbox"/> Infection Control | <input type="checkbox"/> Radiation therapy planning |
| <input type="checkbox"/> Advanced Practice | <input type="checkbox"/> JMRS | <input type="checkbox"/> Radiation therapy treatment |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Magnetic resonance imaging | <input type="checkbox"/> Recruitment/Human resources |
| <input type="checkbox"/> Angiography and fluoroscopy | <input type="checkbox"/> Mammography | <input type="checkbox"/> Research |
| <input type="checkbox"/> Artificial Intelligence | <input type="checkbox"/> Management/Leadership | <input type="checkbox"/> RMS information/PACS |
| <input type="checkbox"/> Brachytherapy | <input type="checkbox"/> Member support | <input type="checkbox"/> SABR |
| <input type="checkbox"/> Cancer Care | <input type="checkbox"/> Mentoring | <input type="checkbox"/> SGRT |
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Molecular imaging | <input type="checkbox"/> Student support |
| <input type="checkbox"/> Computed tomography | <input type="checkbox"/> MRI Linacs | <input type="checkbox"/> Support for Low Income Countries / Volunteer work (international Aid work) |
| <input type="checkbox"/> Contrast | <input type="checkbox"/> Nuclear medicine | <input type="checkbox"/> Technology and innovation |
| <input type="checkbox"/> Cultural safety | <input type="checkbox"/> Optimisation of dose | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Dental Radiography | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Theranostics |
| <input type="checkbox"/> Education | <input type="checkbox"/> Particle Therapy | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> General x-Ray/plain film imaging | <input type="checkbox"/> Patient centred care/patient education | <input type="checkbox"/> VERT |
| <input type="checkbox"/> Genomics (Radiation & Imaging) | <input type="checkbox"/> Professional standards | <input type="checkbox"/> Veterinary radiography |
| <input type="checkbox"/> Health service delivery | <input type="checkbox"/> PSMA PET | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Hybrid imaging | <input type="checkbox"/> Quality and safety | |
| <input type="checkbox"/> Image Interpretation | <input type="checkbox"/> Radiation Safety | |

Areas of Practice

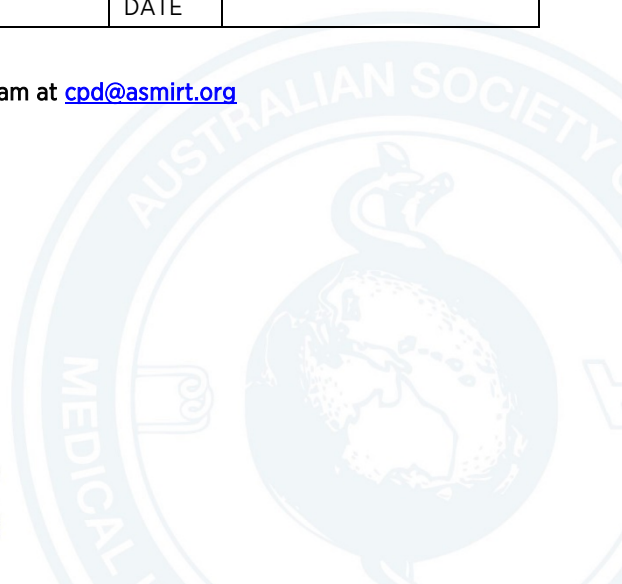
- | | | |
|---|---|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Dental radiography | <input type="checkbox"/> Medical Imaging |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Dexa | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Angiography | <input type="checkbox"/> Emergency | <input type="checkbox"/> Nuclear medicine |
| <input type="checkbox"/> Chiropractic radiography | <input type="checkbox"/> LXO - Limited Xray Operators | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Commercial vendor | <input type="checkbox"/> Mammography | <input type="checkbox"/> Radiography |

REQUIREMENTS FOR ENDORSEMENT APPLICATION

REQUIREMENTS CHECKLIST	
The nominated Applicant is required to always ensure that the following requirements of Endorsement are met, and relevant documentation is kept so that it may be easily produced in the event of an Audit.	
The activity conforms to the ASMIRT CPD definition.	<input type="checkbox"/>
A nominated Applicant has been assigned.	<input type="checkbox"/>
A CPD Activity Outline Form has been provided for each activity listed in this application.	<input type="checkbox"/>
The learning objectives of the activity are clearly defined.	<input type="checkbox"/>
CPD activity outlines, aims, learning objectives and outcomes will be provided to each participant.	<input type="checkbox"/>
A biography/CV has been provided for each presenter or will be maintained on file and provided in the event of an Audit.	<input type="checkbox"/>
Records of Attendance of all participants will be kept for four years following the activity and provided in the event of an Audit.	<input type="checkbox"/>
Each participant will be issued with written evidence or a 'Certificate of Attendance'. The certificate must contain the following information: participant's name, Activity Title, Activity Code, and duration of activity in hours.	<input type="checkbox"/>
The Approved applicant is authorised to use the ASMIRT CPD Endorsed logo in relation to the promotion and advertising, certificates of attendance, and material for the endorsed activity only. The ASMIRT CPD Endorsed logo must be used in full without modification.	<input type="checkbox"/>
The activity/program will be conducted in accordance with the approved CPD Activity Outline form with the speaker/s indicated on this Endorsement application.	<input type="checkbox"/>
An evaluation of the activity will be conducted. Relevant suggestions made during this process will be taken into consideration when future events are conducted.	<input type="checkbox"/>

ENDORSEMENT APPLICATION FORM SUBMISSION			
I have the authority within my organisation to submit this request and I submit it knowing the requirements to be met in accordance with ASMIRT's CPD Endorsement. I am informed of the appropriate fee to be paid upon ASMIRT's approval of my organisation's request.			
APPLICATION SUBMITTED BY		DATE	

Please return this application to the ASMIRT CPD Team at cpd@asmirt.org



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